Michelle Morales

Professor O’Connor-Petruso

Wiki Assignment #7 Final Review

Seminar in Applied Theory and Research 1

CBSE 7201T

Fall 2012

**References**

Battista, Ludmila. (May 2010). Childhood Obesity: What Schools Can Do To Make a Difference. In Helping Professions Kaplan University. Retrieved October 23, 2012, from <http://helpingprofessions.kaplan.edu/articles/early_childhood/Childhood_Obesity_>

This article states that the death rate resulting from the effects obesity may even surpass deaths caused by cigarette smoking. The author’s motto is that a little goes a long way. Little changes made to children’s everyday life will have a big impact. For example instead of having parents drive to school they can walk with their children to school promoting physical activity.

The articles states some important things teachers can contribute to the classroom to make it a healthier place. Teachers can introduce a series of physical activity breaks into the classroom. This helps high energy children stay focused, reduces stress, and can be integrated into the curriculum. Encourage students to bring healthy snacks to class, instead of high-fat, high-calorie options. Use physical activities as rewards in the classroom. Promote a culture of health awareness by engaging students in creating posters, songs, games, or contests that promote good nutrition and health.

Brown, T. and Summerbell, C. (2009), Systematic review of school-based interventions that focus on changing dietary intake and physical activity levels to prevent childhood obesity: an update to the obesity guidance produced by the National Institute for Health and Clinical Excellence. Obesity Reviews, 10: 110–141.

This article speaks about some interventions that have taken place inside of schools to help with childhood obesity. The interventions included changing the children’s dietary intake and increased physical activity.

# Brownstein, Joseph. (2011, December 7). Scientific American Childhood Obesity Best Battled in Schools Research Finds. *Scientific America*. Retrieved October 22, 2012, from <http://www.scientificamerican.com/article.cfm?id=childhood-obesity-best>

# This is a review of an article stating that schools may be the best beginning solution to the big problem of childhood obesity. Australian researchers studied 55 interventions in school based programs and these programs were assisting in getting children at healthy weights. When developing these programs in schools they added lessons on healthy eating, and body image to the curriculum. They increased physical activity along with improving school lunches, making students more active during the day and supporting parents to make similar changes at home would improve children's health.

Burton, L.J., & VanHeest, J.L. (2007). The Importance of Physical Activity in Closing the Achievement Gap. Quest, 59, 212-218.

This article looks at the causes of obesity in Latino and African American students and the effect it has on the academic success of students. It shows that not only is unhealthy eating affecting a child’s physical being but it is also affecting them negatively mentally. The study looked at things such as what kinds of foods the children had access to. The article argues that physical education is a critical part of the solution to closing the achievement gap and that many of these children aren’t getting enough physical activity in a day. They emphasize the fact that minorities who are more at risk for being overweight and are underperforming academically due to eating foods with lots of sugar and then eventually crashing from the sugar high.

Childhood obesity and academic outcome. (2008). *James B. Hunt, Jr. Institute for*

*Educational* *leadership and Policy.*

This study is about childhood obesity and the rise currently in North Carolina. It states that there is a relation between obesity and academic outcome but mostly academic outcome has to do with self-esteem. The research also finds that obesity is related to self-esteem and academic achievement. It even found that children who think they are overweight or have a negative view about their body image do in fact perform lower on test because of lack of self-esteem.

Davis, B., & Carpenter, C. (2009). Proximity of fast-food restaurants to schools and adolescent obesity. *Journal Information*, *99*(3).

This is a review of the close distances between fast food restaurants and schools. This article states that fast food restaurants are purposely locating themselves near schools to help increase business. Students are coming out of school hungry because they didn’t eat school lunch and are heading straight to get something to eat. This article suggests that having these fast food restaurants near schools aren’t making it hard for these adolescents to make the wrong choice about what to eat after school therefore contributing to obesity.

Gavin L. Mary, MD. (October 2012). Overweight and Obesity. In KidsHealth.org. Retrieved October 11, 2012, from [http://kidshealth.org/parent/general/body/overweight\_obesity.html#](http://kidshealth.org/parent/general/body/overweight_obesity.html).

This article is just basic background information about obesity and it pertaining to teens and preteens. It explains what BMI is and the percentages of BMI. Underweight: BMI below the 5th percentile, Normal weight: BMI at the 5th and less than the 85th percentile, Overweight: BMI at the 85th and below 95th percentiles, Obese: BMI at or above 95th percentile.

It also speaks about obesity and the health conditions that come along with it like type 2 diabetes, high blood pressure, and high cholesterol which were all once considered exclusively adult diseases. Obese kids also may be predisposed to to low self-esteem that stems from being teased, bullied, or rejected by peers who may eventually develop unhealthy dieting habits and eating disorders, such as anorexia nervosa and bulimia. Obese children will be more prone to depression, and be more at risk for substance abuse.

Guinhouva, C., Hubert, H., DuPont, G. & Durocher, A. (2005). The recess period: a key

moment of prepubescent children’s daily physical activity? *The International*

*Electronic Journal of Health Education,* 8, 126-134*.*

This is a review of a study done in France to determine if recess increased the amount of daily physical activity in children. Students participated in two 15 minute recess periods or two twenty minute periods. The results show that the smallest increase in minutes spent during recess significantly increased the amount of physical activity. Kids who had the extra 5 minutes of recess were said to have had more energy. This article proves how important it is to allow children the privilege of recess.

Hedley AA, Ogden CL, Johnson CL, Carroll MD, Curtin LR, Flegal KM. Prevalence of Overweight and Obesity Among US Children, Adolescents, and Adults, 1999-2002. *JAMA.* 2004;291(23):2847-2850.

This article speaks about obesity being an ongoing epidemic. It states that it begins during childhood, and if not educated about the hazards of food, will continue through to adolescence and eventually adulthood.

Li, J. and Hooker, N. H. (2010), Childhood Obesity and Schools: Evidence From the National Survey of Children's Health. Journal of School Health, 80: 96–103.

This article speaks about how childhood obesity will eventually lead into adult obesity. It discusses the role of the National School Lunch Program and how it is impacting our children. It states that the National School Lunch Program lacks funding.

Lobstein, T., Baur, L. and Uauy, R. (2004), Obesity in children and young people: a crisis in public health. Obesity Reviews, 5: 4–85.

This article states that obesity is across the board in America. It exists in babies, children, and adults. It is a problem all over and it is only getting worse. It discusses about diabetes being on the rise as well has high blood pressure and high cholesterol.

Lorna E. Thorpe, Deborah G. List, Terry Marx, Linda May, Steven D. Helgerson, and Thomas R. Frieden.  Childhood Obesity in New York City Elementary School Students. American Journal of Public Health: September 2004, Vol. 94, No. 9, pp. 1496-1500.

This article speaks of the strides New York City public schools have made. It speaks of healthier lunch options but lacks funding and has a small budget which makes it difficult providing healthy foods. It also mentions the extinction of vending machines with unhealthy snacks which in turn have made the schools lose money.

Ogden, C., & Carroll, M. Centers for Disease and Control Prevention, Division of Health

and Nutrition Examination Surveys. (2010). *Prevalence of obesity among children and adolescents: United States, trends 1963–1965 through 2007–2008*. Washington, DC: Retrieved from <http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm>

This research highlights the prevalence of overweight and obese children in the United States. It makes special note of the varying demographics. The research categorizes findings by race, age and gender. It identifies s the trends in the United States and compares weight increase from various time period from 1888 to 2007.

Paul J. Veugelers and Angela L. Fitzgerald.  Effectiveness of School Programs in Preventing Childhood Obesity: A Multilevel Comparison. American Journal of Public Health: March 2005, Vol. 95, No. 3, pp. 432-435.

This article is about the effectiveness of school programs implemented in schools across America for preventing childhood obesity. It speaks of the lack of physical education and the lack of education about nutrition and healthy eating. It also proposes some ideas for helping childhood obesity in schools.

Pellegrini, A., & Bjorklund, D. (1997). The role of recess in children’s cognitive

performance. *Educational Psychologist,* 32(1), 35-40.

This research study argues that recess is an important part of school curriculum. It states that recess improves a child’s ability to focus and learn. Some schools would like to eliminate recess altogether and this article states that would harm the children more than helping them. It claims that the best way to improve cognitive performance and adjustment to school is to maintain recess because recess is unstructured and allows the child to do whatever they like and interests them the most. They find that students’ attention is better after recess which is why by eliminating recess it would harm the students more causing them to be irritated and agitate.

Saul, Michael. (2012, August 21). Obesity Debate Over Where to Serve School Breakfasts. *The Wall Street Journal*, p. A16.

This is a review of an concerning New York City public schools and the decision whether breakfast should be served inside of every single classroom on every single public school. It would no longer give children the option to go get breakfast but it would kind of “force” or “offer” it to every child as long as they showed up to class. There are many different views and opinions coming from the NYC council which shows both sides of the argument. One side states “It's an injustice for our kids to go to school and sit throughout the school day hungry when they could be fed with federal dollars; we want to make sure that no child is hungry and every child has a healthy breakfast". The opposing side states "We have a problem in obesity in children, I am concerned that if we have breakfast in every classroom, that that could contribute to the problem and possibly make it worse."

Story, M., Kaphingst, K. M., & French, S. (2006). The role of schools in obesity prevention. *The Future of Children*, *16*(1), 109-142.

This article argues that U.S. schools offer many opportunities for developing obesity-prevention strategies by providing more nutritious food, offering greater opportunities for physical activity, and providing obesity-related health services. It states that due to the budget, schools are forced to serve things that are cheap for the schools funds and popular within the student’s likings but not necessarily the healthiest option they can be serving. Public discomfort with the school food environment is growing. This article states that schools can provide more healthful food options without losing money. As states use standardized tests to hold schools and students academically accountable, physical education and recess have become a lower priority.

Summerbell, C. D., Waters, E., Edmunds, L. D., Kelly, S., Brown, T., & Campbell, K. J. (2005). Interventions for preventing obesity in children. *Cochrane Database Syst Rev*, *3*(3).

This is a review of a journal assessing the effectiveness of interventions aimed to prevent obesity in childhood through diet, physical activity and/or lifestyle and social support. The objective was to summarize evidence on the value of interventions aimed at changing lifestyle behaviors (increased physical activity) to prevent obesity. Their finding was that pediatric obesity prevention programs caused small changes in target behaviors and no significant effect on BMI compared with control. This article will be helpful to my research because it goes against my belief that an intervention plan will help with obesity.

Taras, H. (2005). Physical activity and student performance at school. *Journal of school health*, *75*(6), 214-218.

This is a review of the current research on the association between obesity and academic achievement in school aged children. The findings suggest that the reasons for children being absent may be the cause for the link between academic achievement and obesity. It also emphasized problems with obesity such as low self-esteem, depression, anxiety. These health problems were also suggested as causes of low academic achievement. It suggests that because children are obese they are more likely to be sick with asthma, diabetes, etc. causing them to miss more school.

U.S. Department of Health and Human Services, Assistant Secretary for Planning and

Evaluation. *Childhood obesity* Washington, DC: Retrieved from <http://aspe.hhs.gov/health/reports/child_obesity/>

This article looks at obesity in the United States from 1963 to 2003. It analyzes some contributing factors to obesity, including nutrition and eating habits and the change over time, the lack of physical activity because of video games and TV, genetics such as having the gene for diabetes etc., advertising such as McDonalds and other fast food restaurants and race and socioeconomic status. This article does not state the specific and number one reason for obesity but it does state that all of these things are important contributing factors and that each one should be taken seriously.